# Row 3425

Visit Number: 8c274e10663221a4b653be7a7d564941f35774db604c9a83b2c3554f5d014830

Masked\_PatientID: 3423

Order ID: 510e6cf299cd83aecde46f5c9fa82973f3928246eb9a59e4cf9943bad442e9e6

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 01/11/2018 17:47

Line Num: 1

Text: HISTORY [RUL opacity ? new since 2008] TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS Reference made to recent radiograph of October 2018 and old one in 2008. Since 2008, new nodules clustered in the right lung upper lobe apex with cavitation (6/21) in one of the larger 1.1cm nodules are noted. Smaller nodularity in the left lung upper lobe apex is also noted. Findings are suspicious for activepulmonary infection esp. TB. No other suspicious lesion is seen in the rest of the lungs. No enlarged hilar or mediastinal lymph nodes, pleural or pericardial effusions. The bone settings show no overt destructive lesion. CONCLUSION Nodules in bilateral pulmonary upper lobe apices more in the right with cavitation there, suspicious for active infection esp. TB. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 6e35d7af16dec364a1aa1c181955ad2a21cd1626869d5878142b633798ead0f8

Updated Date Time: 07/11/2018 10:55

## Layman Explanation

This radiology report discusses HISTORY [RUL opacity ? new since 2008] TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS Reference made to recent radiograph of October 2018 and old one in 2008. Since 2008, new nodules clustered in the right lung upper lobe apex with cavitation (6/21) in one of the larger 1.1cm nodules are noted. Smaller nodularity in the left lung upper lobe apex is also noted. Findings are suspicious for activepulmonary infection esp. TB. No other suspicious lesion is seen in the rest of the lungs. No enlarged hilar or mediastinal lymph nodes, pleural or pericardial effusions. The bone settings show no overt destructive lesion. CONCLUSION Nodules in bilateral pulmonary upper lobe apices more in the right with cavitation there, suspicious for active infection esp. TB. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.